

CHILD SUPPORT NON-COOPERATION SANCTION MONITORING TOOL

COUNTY: _____

This Case Fulfills the IV-D Sanction Monitoring Requirement <input type="checkbox"/>

<input type="checkbox"/> Problems noted:
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Payee's Name _____

Co. Case # _____ Case ID # _____

PAYMENT MONTH BEING MONITORED: ____/____

Instructions: Each question must be answered.

CHILD SUPPORT NON-COOPERATION SANCTION MONITORING TOOL

1. WHAT WAS THE RUN DATE OF THE REPORT ON WHICH THE REQUEST FOR A IVD SANCTION APPEARS? ____/____/____.
2. WHAT IS THE DATE THE NON COOPERATION WAS KEYED? ____/____/____.
3. WHAT WAS THE DATE THE DSS-8110 TO IMPOSE A IVD SANCTION WAS EITHER MAILED OR KEYED? ____/____/____
4. DID THE PAYEE COMPLY WITH CHILD SUPPORT PRIOR TO OR WITHIN THE 10-DAY NOTICE PERIOD?
 Yes____ No____
 IF YES WHAT WAS THE DATE OF COOPERATION? ____/____/____
6. WAS THE SANCTION FOR NON-COOPERATION WITH CHILD SUPPORT APPLIED TIMELY?
 Yes____ No____
 IF YES WHAT WAS THE DATE THE SANCTION TOOK EFFECT? ____/____/____
7. If No, Why? _____

8. DID THE PAYEE COOPERATE WITH CHILD SUPPORT? Yes____ No____
9. HOW WAS WORK FIRST NOTIFIED THAT THE PAYEE COOPERATED?

10. WHAT VERIFICATIONS IN THE WORK FIRST RECORD SUPPORT THE CLAIM THE PAYEE COOPERATED WITH CHILD SUPPORT?

11. IS THERE AN "N" IN THE NON COOP FIELD IN ACTS YES____ NO ____? Date ____/____/____

IS THERE A "Y" IN THE COOP FIELD YES____ NO____? Date____/____/____

Comments and Corrective Action Needed:

☐ This case was listed on the **DHREJ NON-COOP WITHOUT A IVD SANCTION.**

☐ Problems noted:

County Reviewer _____

Date_____

Monitor: _____

Date_____